



# Scoping Study on the Health and Social Security Systems Literacy of Filipino Migrant Workers in East Asia

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# Outline of the Presentation

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- II. Scoping Review Methods
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  - A. Scoping Review
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# I. Introduction

This scoping study examines the state of scholarship on:

- 1) migrant health and social security systems in East Asian countries (Japan, Hong Kong SAR (PRC), and Singapore) as well as the Philippines
- 2) health and social security systems literacy of Filipino migrant workers

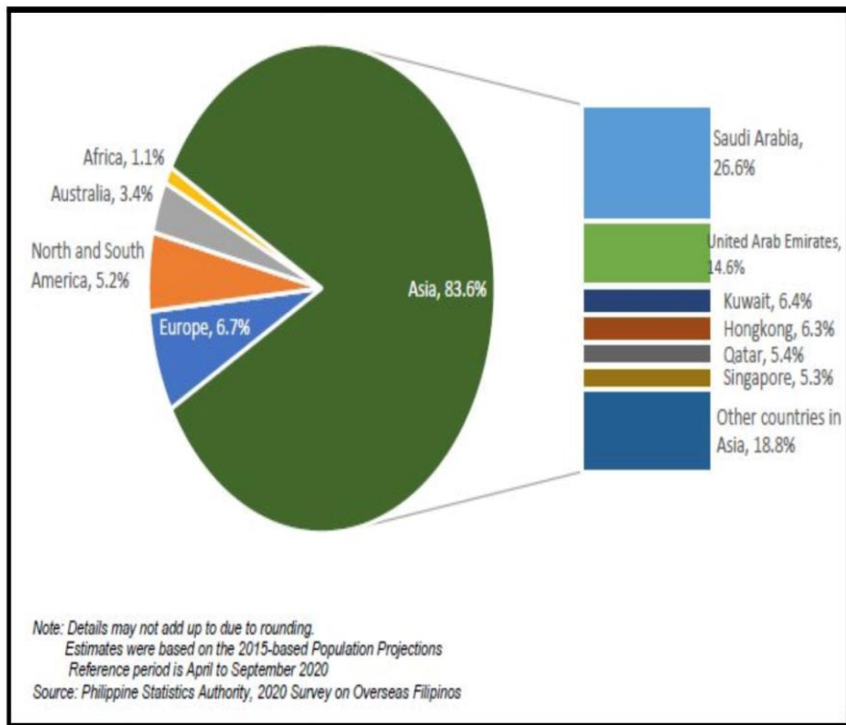
**Health and social security systems literacy:** a competency characterized by having *familiarity with, understanding and knowledge* of the health and social security systems of *both sending and receiving countries*; an outcome of: 1) lengthy period of stay, 2) language ability, 3) access to various channels of information and support, and 4) accumulated experiences of accessing the systems

# Research Questions

1. What is known about social and health security systems in migrant-receiving countries in East Asia and migrant-sending countries such as the Philippines?
2. To what extent do sending (Philippines) and receiving countries (Hong Kong, Singapore, Japan) ensure that migrant workers are informed about and access health and social security systems?
3. Are Filipino migrant workers in East Asia health and social security systems literate?

# The Philippines as Sending Country

Figure 1. Percent Distribution of OFWs by Place of Work, 2020



Source: PSA, 2022

- Estimated **1.77 million** Overseas Filipino Workers (OFW), the majority of whom were in **Asia** (PSA, 2022)
- More female (59.6%) than male (40.4%) OFWs, and the majority of whom work in **elementary occupations** (46.7%), notably domestic work (PSA, 2022)
- Filipino migrant workers fill in the chronic labor shortages due to declining birth rates and ageing population

# East Asia as Destination Region

- Since the 1960s, the region has been known as a destination for working-class labor migration (Fielding, 2016: 13)
- Feminized migration to Japan from the 1970s (i.e. marriage migrants and entertainers), and to Hong Kong and Singapore since the 1980s
- Pull factors: high-performing economies, higher pay, and cultural and geographical proximity to the Philippines

Country/ Territory	Total OFWs	Males	Females
Japan	62,001	47,267 (76.24%)	14,774 (23.83%)
Hong Kong	111,602	9,310 (8.34%)	102,364 (91.72%)
Singapore	93,887	32,227 (34.33%)	62,263 (66.32%)

**Background of Filipino Migrant Workers in Hong Kong, Singapore, and Japan (PSA, 2022)**



# Japan, Hong Kong and Singapore as destination contexts



JAPAN: Filipinos are the **fourth** largest migrant group, at 282,798 or 9.6% of the total number of migrants (Ministry of Justice, 2021)

Two categories of migrant workers:

1) status-based: permanent resident, special resident, spouse and child of a Japanese national, and long-term resident visa; can engage in economic activity *without restriction*

2) activity-based: highly-skilled, technical trainees, **designated activity** (e.g., working holiday, housekeepers in special economic zones, Economic Partnership Agreement nurse or caregiver candidates, and asylum-seekers), “non-work” activity (e.g., students), and designated skills visa (via Technical Internship Training and Specified Skilled Workers Programs; can engage in economic activity *with restriction* (Endoh 2019)

# Japan, Hong Kong and Singapore as destination countries



HONG KONG: OFWs are the **second** largest ethnic group in the small city accounting for 2.7% of the population (Census and Statistics Department The Government of the Hong Kong Special Administrative Region, 2022).

Most OFWs in Hong Kong are **migrant domestic workers (MDWs)**. At 163,500, they make up 89% of the total OFWs in the territory (Census and Statistics Department of The Government of the Hong Kong Special Administrative Region, 2018).



# Japan, Hong Kong and Singapore as destination countries



SINGAPORE: Among the top 10 destination countries for overseas Filipino workers, including middle-income professionals, international students, and low-wage domestic workers. The city-state hosts one of the largest Filipino communities outside of the Philippines, with a total population of **162, 223** Filipino workers (POEA, 2022).

The Work Pass System (i.e. work visa) is the main policy instrument through which Singapore manages and controls its foreign workforce. As a control measure, the Work Pass System streams for generally two categories of foreign workers: Professionals and “Skilled”, and “Semi-skilled” workers.

# Scoping Review

- A preliminary assessment of the available research on the health and social security literacy of OFWs in East Asia, guided by the Six-Stage Methodological Framework for Scoping Review (Arksey & O'Malley 2005; Levac et.al., 2010; Liu et.al., 2015) and the PRISMA-ScR
- Using Covidence software:
  - **18,065 studies** imported for screening which showed many duplicates that were subsequently removed
  - **11,367 studies** screened through title and abstract;
  - **only 310** met the inclusion criteria and went to the full-text review;
  - **only 60 papers** met the eligibility criteria from the full-text review
- Qualitative data to substantiate the scoping review was derived from the ff.: (a) FGDs with OFWs in Japan, Hong Kong and Singapore and (b) semi-structured interviews with representatives of Philippine agencies mandated to look after the health and welfare of OFWs: DOH-MHU, PhilHealth, SSS, Insurance Commission (IC), and Pag-IBIG Fund

# Study selection process PRISMA diagram

- A total of **60** studies were selected: 25 on Japan, 16 on Hong Kong, and only 8 looked at the case of Singapore (including 3 which focused on ASEAN); the remaining 11 were about the health and social security systems in the Philippines
- **55** (91.67%) were journal articles and book chapters while **5** were policy briefs/reports; **46** qualitative papers on migrant health, migrant rights, agency and activism; migrant networks; migrant social protection/welfare; and migrant experiences; **eight** were policy reviews; **five** papers were literature reviews on migrant welfare; and **one** quantitative study about migrant health-seeking behavior



# Scoping Review: Findings

## 1. State of health and social security systems in East Asia

-Migrant workers in general experience health and social inequities in destination countries (in comparison with citizens)

### **Enablers:**

- laws and international conventions that mandate workers' basic rights protection;
- formal channels for resources;
- informal channels;
- government's openness to migrant activism

### **Barriers:**

- precarity of work;
- limitations in service capacity of the governments of the Philippines and receiving countries;
- financial barriers;
- language and cultural barriers;
- disinformation

# Scoping Review: Findings

## 2. State of health and social security system in the Philippines

-OFWs rely on and are connected to the systems based on their membership contributions

### **Enablers:**

- laws;
- variety of provisions;
- bilateral agreements

# Scoping Review: Research Gaps

1. The concept of migrant health and social security literacy exists in some studies reviewed but an accurate definition *does not*

- problematizes migrants' lack of knowledge of the systems; systems' lack of cultural sensitivity; vaguely depicted as a goal of information dissemination of government and a trait essential among providers (e.g. doctors) of health care and social services




- related words/phrases: “knowledge”, “understanding”, “familiarity with health and social services”

2. Most studies on health and social security systems in relation to migrant workers focus more on *accessibility* than literacy; the relationship between the two remains underexplored

3. Studies that include Filipino migrants tend to homogenize their health and social service-related experiences; there is a need to consider various axes of identities, as well as the intersectionality of these factors in explaining migrant literacy



## Focus Group Discussion: Findings

						
15 OFW women working as housekeepers -10 expat-sponsored domestic workers, ages 38-63 -5 agency-recruited housekeepers for a company, ages 33-41			6 OFW women working as domestic workers -stay-in arrangement -ages 43-51		5 OFW women -2 domestic workers -1 researcher -1 IT/healthcare -1 entrepreneur/education -ages 29-50	

# Focus Group Discussion: Findings

## Knowledge about Health and Social Security Systems in Receiving Countries and the Philippines

### *Japan:*

- familiar with houken (national health insurance), mai namba (My Number), nenkin (national pension systems)
- acknowledge improvement in access to healthcare system through diminished language difference difficulties
- experience reimbursing medical expenses from Japanese government and receiving stimulus allowance (Php40K), vaccines, food rations, and hospitalization during pandemic
- experience receiving discount in medical expenses in the Philippines through PhilHealth; USD 200 COVID assistance through OWWA (limited number) during pandemic

# Focus Group Discussion: Findings

## Knowledge about Health and Social Security Systems in Receiving Countries and the Philippines

### *Hong Kong:*

- familiar with entitlement to 2-year health insurance
- experience using medical benefits/assistance from HK (medical insurance, Covid-testing, accommodations for Covid positive) and PH governments (PhilHealth)

### *Singapore:*

- familiar with mandated health insurance and health screenings
- experience undergoing health screening and getting medical claims
- experience assistance from SG (Covid-testing, vaccine), from PH, only knowledge about OWWA assistance for homebound OFWs

# Focus Group Discussion: Findings

## Factors Enabling Health and Social Security Literacy

**Formal channels** like foreign governments and NGOs; PH consulate, OWWA, PhilHealth; healthcare system, through medical workers who could speak in English or Filipino

- >provide information about health, retirement, laws
- >boost access to health and social security: training, medical subsidies, direct healthcare assistance (e.g., free mammogram, ultrasound check-ups, psychological assistance, prenatal care, hygiene kits)

**Informal channels:** families, friends, employers, media

- >provide information (advice, referrals); help access (e.g., claiming benefits, interpret to English/Filipino, link to consulate); financial

# Focus Group Discussion: Findings

## Factors Constraining Health and Social Security Literacy

1. *Precarity of work*: dependence on employer
2. *Critique of PH government*:

- difficulty transacting with or contacting the consulate
- post-arrival orientation seminar (PAOS) helpful but not known
- online issuance of overseas employment certificate (OEC) difficult to use
  - > exclusion from financial assistance during pandemic
  - > benefits are meager, especially compared with benefits abroad
- claiming benefits is laborious (paperwork, take long to arrive, long lines, faraway)
- difficult to trust due to scams and news about corruption
- pre-departure orientation seminar (PDOS) too short, unhelpful and commercially-driven
- training by TESDA lacking in practicality and cultural context

# Focus Group Discussion: Findings

## Factors Constraining Health and Social Security Literacy

### *Critique of governments of receiving countries:*

- lack of implementation of laws that protect their rights (e.g., reasonable work hours, proper accommodations in employers' homes)

### *Financial challenges:*

- high placement fees, high expenses

### *Cultural differences:*

- language

### *Personal barriers:*

- doing leisure/entertainment instead of educating selves; seeking knowledge or help to resolve problems instead of preventing them from happening



# Interviews with Philippine Government Agencies: Findings

- Enabling factor: Institutionalizing migrant health and social security through a designated division or office for OFWs (DOH-Migrant Health Unit, International Affairs Department of SSS, International Operations Department/OFW Center of Pag-IBIG)
- Shared mission: make health care and social welfare services portable for OFWs globally
- Barriers: 1) lack of bilateral agreement (except for Japan), 2) limited health and social security infrastructured (undermined by geographical distance and widely-dispersed population of Filipinos), 3) basic and limited coverage of the current systems, 4) low level of digital literacy of OFWs, 5) low level of financial literacy of OFWs

# Interviews with Philippine Government Agencies:

## Findings

- The current programs, designed primarily to promote broader access to health and social security systems, have the ff. characteristics: 1) disseminating information about services and benefits, 2) establishing an open line of communication with OFWs, and 3) continuous development of digital platforms to reach thousands of OFWs worldwide
- △ Philippine government's perspective: ensuring ACCESS (rather than LITERACY) denotes **communicating** and **delivering** health and social security; LITERACY is not the primary aim, though it coheres with the vision of greater accessibility
- Divergence in communicating health and social security with OFWs: all participate in Pre-Departure Orientation Seminar (Pag-IBIG Fund attends Post-Arrival Orientation Seminar); programs vary in terms of relevance in particular stages of the migration cycle (e.g. Migrant Health Unit's medical repatriation efforts during return; Pag-IBIG Fund's loan schemes during financial crisis while abroad, or savings program for retirement)

# Conclusion

- The limited available scholarship on health and social security systems in East Asia reveals the restrictive nature of the systems; health and social inequities exist in which migrants do not enjoy the same level of healthcare and social security as citizens of these countries due to multiple barriers to navigating the systems
- There is a lack of clear conceptualization of migrant health and social security literacy in East Asia, and a few studies that include Filipino migrant workers problematize their *access* to (rather than literacy of) the systems
- The Philippine systems reflect the prevailing social inequalities, in which Filipino migrant workers receive uneven health and social security provisions due to limited coverage as well as limited health and social security infrastructure
- Filipino migrant workers' limited/declining knowledge of the Philippine systems results from the perceived burden of payments, and the preferential attitude toward the systems of destination countries
- Filipino migrants' literacy on health and social security systems is a competency of being familiar with, understanding and knowing the systems of receiving and sending countries. Low-wage Filipino female workers face more barriers (than enablers) to knowing both systems

# Recommendations

- There is a need for the Philippines to pursue more bilateral agreements with destination countries toward ensuring portability of healthcare and social welfare of OFWs, and complementarity of its health and social safety nets efforts with those of the receiving countries
- The Philippine government agencies should strive to promote migrant literacy by expanding platforms for disseminating up-to-date information and communicating the programs that respond to specific health and social welfare needs of OFWs, according to age, gender, occupation, and visa status across stages of the migration cycle (from recruitment to retirement)
- The Philippine government should establish greater portability mechanisms to reduce barriers and enhance enabling mechanisms to literacy
- The research team sets as a research agenda an action research that advances migrant literacy through a collaboration between migrant groups (online and offline), migrant NGOs and government agencies in destination countries to promote health and social security programs for OFWs

Thank you for your kind attention.

Arigatou gozaimashita.

Maraming salamat.

Terima kasih.

Dor ze.

